

Patient consent and referral form

P1 - NHS number	<input style="width: 100%;" type="text"/>
P2 - Code of GP Practice	<input style="width: 100%;" type="text"/>

Please tick your answers.

P3 - Which PCT does the patient belong to?

- | | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> Halton and St Helens | <input type="checkbox"/> Warrington | <input type="checkbox"/> Central Lancashire |
| <input type="checkbox"/> Blackpool | <input type="checkbox"/> Oldham | <input type="checkbox"/> Wirral |
| <input type="checkbox"/> Blackburn with Darwen | <input type="checkbox"/> Manchester | <input type="checkbox"/> Sefton |

P4 - Gender

- Male
- Female
- Not specified (indeterminate)

P5 - Date of birth (dd/mm/yyyy)

dd	mm	yyyy
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P6 - Ethnic category

White

- British Irish Any other White background

Mixed

- White and Black Caribbean White and Black African
- White and Asian Any other Mixed background

Asian or British Asian

- Indian Pakistani
- Bangladeshi Any other Asian background

Black or Black British

- Caribbean African Any other Black background

Chinese or other ethnic group

- Chinese Any other ethnic group

P7 - Disabilities

- Hearing Vision Movement
- Learning Speech

Has the patient given consent for their information to be sent to AXA ICAS?

Yes Patient signature.....